

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525 690

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		2				
5						
6						
7		2				
8		①				
9		①				
10		①				
11						
12						
13						
14						
15						
16						
17						
18		2				
19		①				
20		①				
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27		①				
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48						
49						
50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	31					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	50	←		←
TOTAL CLAIMS			101			